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For
The Little Hoover Commission

Hearing on
"Now in Our Hands"
Needs of Children in Foster Care

The State Department of Mental Health (DMH) is very pleased to be afforded the opportunity to revisit with the Little Hoover Commission the issues related to the State's programs serving abused and neglected children. I had previously provided testimony to the Commission during the research phase of the Commission's report "Now in Our Hands, Caring for California's Abused and Neglected Children" that was released in August of 1999. In addition to the Commission's own findings, the passage of Senate Bill 933 (Chapter 311, Thompson, Statutes of 1998) also contained many key provisions related to the improved care and protection of California's foster care populations. I would like to address the key areas of progress that the public mental health system has made relative to both the SB 933 legislation and the Commission's "Now in Our Hands" report.

1. PROGRESS TOWARD SB 933 MANDATES

This foster care reform bill contained many important amendments to the existing system. Included were the added requirements to screen and assess children within the child welfare and juvenile probation systems that may be in need of specialty mental health services.

Since the passage of SB 933 many model programs and vastly improved collaborative partnerships have been developed at the state and county levels. Increased numbers of interdisciplinary teams located in key service sites and clearly written protocols for the referral and screening of children and youth have become standard practice. The focus on the most vulnerable children and youth has resulted in improved access to necessary services. In addition, improved mental health crisis services and screening and assessment service availability within county emergency children's shelters has also resulted in wider outreach. In some counties, this is achieved by having mental health clinical professionals available within county juvenile halls.

Statewide Expansion of the Medi-Cal Specialty Mental Health System. The development of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) specialty mental health services program has resulted in increased access to necessary screenings, assessments and mental health treatments for children and youth with emotional disturbances and mental illnesses. County mental health plans are currently serving approximately 144,000 children and youth, an increase of 24% within the last four years. Forty thousand foster care youth now receive care. This is an increase of

approximately 4,000 since 1998. The entire package of EPSDT funded services has been a critical component to providing necessary and appropriate care to California's foster care population.

To address the need for service accessibility, when a child is placed outside of his/her county of origin, a collaborative program between county mental health departments, the California Mental Health Directors Association (CMHDA) and ValueOptions, a private behavioral healthcare insurer, was formed in November 1999. This is known as the **Administrative Service Organization** (ASO). County participation is voluntary and to date, all but four counties, Ventura, Contra Costa, Alpine and Inyo, are participating. This organization serves as a vital link between a child in the foster care system and access to necessary mental health services.

Since inception, the ASO has served approximately 10,000 children with about 5,000 children in care at any given time. It has proven to be very cost-effective, with treatment costs being approximately $800.00 per child per year. Because of CMHDA's unique relationship with county Mental Health Departments, the ASO staff has become a main problem-solving contact for other agencies such as county Welfare, Social Services, Child Protective Services, Probation and the DMH Ombudsman's Office, as related to mental health access for clients.

Full DMH participation in all aspects of SB 933 state level activities – DMH and CMHDA staff have actively participated in all of the mandated task forces, work groups and steering committees aimed at improved services and placement stability for foster care youth, as well as system reforms and innovation development.

2. OUTCOMES MEASURMENT IMPROVEMENT

DMH has continued to work with county mental health departments, family members, consumer groups and advocacy organizations to refine the accountability components of the public mental health system. A two-pronged approach combining existing data sources (Medi-Cal Client Services Information) with specifically designed client level assessments administered at regularly scheduled intervals appears to offer the greatest benefits for both the Department and stakeholder groups. DMH and CMHDA have recently concluded discussions of the "next generation" of county level performance outcome measures of children's progress and family satisfaction. The requirements of these new performance tools include: 1) cost effectiveness; 2) the ability to provide statewide comparisons; 3) measures of value to stakeholders and parents; 4) consistency with "strengths based" philosophical approaches; and, 5) technological compatibility with county information systems and capacity.

3. STATE AND COUNTY PROGRAM INTEGRATION

DMH and county mental health departments have embraced the concept of multi-agency service integration for many years. The Children's System of Care initiative has resulted in integrated service approaches for complex child and family needs. Within

publicly funded children's mental health services, the practices of service and finance integration have continued to expand since the passage of SB 933. These approaches, combined with the growing willingness of other departments to adapt their own practices has created "blended" or "braided" childrens' programs operating in the majority of our counties. These various services are focused upon the educational, mental health, and housing issues of foster care children. The last four years have witnessed the expansion of the California Department of Social Services (CDSS) wraparound program into over 25 counties. These programs and services demonstrate the positive working relationships between child welfare, mental health, probation, education and provider organizations.

Another example of improved integration of service programs is the Youth Development and Crime Prevention Initiative. The California Health and Human Services Agency (CHHSA), in collaboration with DMH, the Department of Alcohol and Drug Programs (DADP) and the Employment Development Department (EDD), has funded seven counties to participate in a pilot program designed to incorporate the philosophical service approach of "youth development" into a blended service array of occupational training, mental health counseling, and drug and alcohol services. The joint technical assistance and oversight of the pilots requires close cooperation between the state and county planning and program staff.

Inter-departmental cooperation continues at the state level. DMH and DADP are actively involved in creating a seamless system between mental health services and addiction services. This issue is now being addressed by our joint Co-Occurring Disorders Work Group following the successful completion of our jointly funded Dual Diagnosis Demonstration Projects.

The ongoing efforts of the CDSS Child Welfare Services (CWS) Stakeholders Group serve as another example of state and county level cooperation in the redesign of the state's Child Protection Services. Building upon the concerns outlined in "Now in Our Hands" the CWS Stakeholders Group is working to develop a blueprint for action that will improve upon the existing system and services. The role of community mental health in assisting those families is a critical part of this re-design.

Finally, DMH has continued to provide community-based training that is consistent with the goals of program integration. Through contracts with the California Institute of Mental Health and the Cathie Wright Technical Assistance Center, the public mental health system has undertaken statewide cross systems training such as "Best Practices for Foster Care", Evidence Based Practices and Blended Funding Opportunities for Program Development. Joint trainings on drug and alcohol services, multi-county interagency development teams, and the ongoing support of the North State – Superior Counties' Children's Summit are further examples to our commitment to combine the capabilities of the many components of children's services.

4. FURTHER ACTIONS BEING CONSIDERED

A. Compliance with SB 933

Counties have had different responses to the "full screening" of foster care and juvenile justice populations. Variations arise from county specific hiring practices, local salaries that impact potential capacity, residential assessment sites, county funding and the relationships between local mental health and child welfare services. Promoting the standardization of workable models at the local level will ensure the greatest access to these necessary services.

Human resource issues have continued to curb program development in many regions of the state. Quality and appropriate mental health care services are totally dependent upon the availability of trained and qualified personnel. The nation and the state are grappling with severe shortages of mental health professionals, especially child psychiatrists. This has impeded the ability to meet all the mandates of SB 933. California will continue to focus upon recruitment and retention of qualified personnel to serve our abused and neglected child populations.

County mental health departments are serving existing client caseloads with more intensive services. We believe that caseload growth will continue to expand with a sustained focus upon care management for existing client groups and managed care principles in general. Ensuring that existing resources are used to the fullest extent for the benefit of more children and youth is a continuing challenge for the public mental health system in today's environment.

B. Improved Outcomes Measurement

The development of statewide measures of client outcomes and system's outcomes for children and family services is complex and requires interactions with other systems, and other client support agencies. The diversity of capabilities and systems at the state and county levels illustrates the need for continued and sustained cooperation and integration. Both DMH and CMHDA have adopted a future vision for children's outcomes that are supportive of system level outcomes shared across agencies and departments.

C. Program Integration

The integration of community programs serving children, youth and families has been goal of this Department for many years and preceded the "Now in Our Hands" report. The Little Hoover Commission report helped to reinforce our commitment to this vision. Current practices at the county level continue to indicate that program integration is possible and efforts to achieve it continue to be viable. Local efforts involving resource management, shared responsibility for long term fiscal sustainability, and coordinated client care have proven successful.

Summary

Since the release of “Now in Our Hands”, concrete and meaningful changes have occurred at the local and state levels. Systems are working together more cooperatively and more effectively. More children are being provided with earlier access to care, and receiving the services they need to thrive. However, these accomplishments do not suggest that the job is finished. With continued focus and commitment we will continue to increase and better the availability and caliber of services and programs in all communities. The Commission’s assistance in this mission is welcomed.